



## Georgia Department of Motor Vehicle Safety

1200 Tradeport Blvd Room 1129 Driver Education • Hapeville, Georgia 30354

(888) 774-1459 • (404) 675-6072 • [DriverEd@gadmvs.com](mailto:DriverEd@gadmvs.com)

### Consent for Background Investigation

*Must submit original – Copies not acceptable (Erasures, whiteouts or other corrections/changes VOIDS this document).*

Applying For: ☐ Driver Education School License ☐ Driver Education Instructor License

FILE NUMBER	DATE APPLICATION RECEIVED:	BACKGROUND	OFFICE USE ONLY
OFFICE USE ONLY		D DRIVER'S HIST <input type="checkbox"/> P <input type="checkbox"/> F D CRIMINAL HIST <input type="checkbox"/> P <input type="checkbox"/> F	

_____ Last Name	_____ First Name	_____ Middle	_____ Date of Birth (MM/DD/YYYY)
_____ Driver's License Number (Include ALL zeros) Issue date (Exam date)		_____ State of Issuance	_____ Social Security Number
_____ Current Home Street Address		_____ City and State	_____ Zip Code
_____ School Name		_____ School Phone Number	
_____ School Street Address		_____ City and State	_____ Zip Code

1. Have you been convicted of, plead guilty to, plead nolo contendere to, served time, or been on probation or parole, for any crime, whether felony or misdemeanor, in this state, any other state, or in the federal system? ☐ Yes ☐ No
2. Do you have a charge(s) or court hearing pending, or are you under indictment or accusation for any crime? ☐ Yes ☐ No

If you are now charged, under indictment, or have court hearings pending for any charges, give details:

I hereby apply for a License (to operate a Driver Education School and/or to become a Driver Education Instructor) to be issued by the Department of Motor Vehicle Safety (DMVS). I understand that my criminal history and driver's history will be checked, and hereby give consent for the DMVS to conduct whatever investigations necessary to determine my eligibility to hold such a license. I further authorize the DMVS and its agents to view my driving history and criminal record at any time during which I possess this license. I understand that false, misleading, or incomplete information in my application or on this Consent Form, may result in license denial, cancellation, suspension, or revocation, as well as possible criminal prosecution and civil action. Under penalty for perjury, I do hereby swear or affirm that the information contained within this application, and any statements made in connection therewith, are complete, true and correct.

_____ Signature	_____ Date
This application MUST be notarized Subscribed to and sworn before me: <u>SEAL OR STAMP</u>	

_____ Notary Signature	_____ Date
My commission expires: _____	